

African Journal *of* Nursing and Health Issues



Vol. 5 Nos. 1 & 2 May/June, November/December 2014

African Journal of Nursing and Health Issues

*Official Journal of the Department of Nursing, College of Medicine,
University of Ibadan, Ibadan, Nigeria*

Vol. 5 Nos. 1 & 2

May/June

November/December 2014

Editorial Board

Dr. F. A. Okanlawon - *Editor-in-Chief*

Dr. O. Abimbola Oluwatosin

Dr. Prisca Olabisi Adejumo

Dr. Beatrice M. Ohaeri

Dr. Modupe O. Oyetunde

Consulting Editors

Professor J. O. Aina – U.S.A.

Professor (Mrs) R. A. Olade – U.S.A.

Dr. Titilola O. Filani – Nigeria

Dr. Mubo Laoye – UK

Dr. W. M. Ogundeyin – Nigeria

Dr. Bola A. Ofi - Nigeria

Managing Editorial

Dr. F. A. Okanlawon – Chair

Dr. Adenike Onibokun

Dr. Prisca Olabisi Adejumo

Dr. Beatrice M. Ohaeri

Mrs. Rose E. Ilesanmi – Secretary

Mrs. Chizoma M. Ndikom

Subscriptions and Marketing

Two issues of AJoNHI are published per year (May/June and November/December editions) by the Department of Nursing, University of Ibadan, Nigeria. Annual Subscriptions (2014). Nigeria and ECOWAS member states (₦1,000.00) individual, institution ₦2,000.00. Advertising and other marketing details are available from:

Chair, Managing Editorial

African Journal of Nursing and Health Issues

Department of Nursing

University of Ibadan

Ibadan, Nigeria.

E-mail: uinursingjournal1965@yahoo.com

© Department of Nursing, University of Ibadan, Ibadan, Nigeria

All Rights Reserved 2014

Published by:

TextLinks Publishers, Ibadan

Nigeria.

African Journal of Nursing and Health Issues

Official Journal of the Department of Nursing, College of Medicine,
University of Ibadan, Ibadan, Nigeria

Vol. 5 No. 2

November/December 2014

Table of Contents

1. Nurses' Knowledge and Reported Practice of Palliative and End-of-Life Care Nursing at the University College Hospital, Ibadan Nigeria
Adenike Onibokun, 37
2. Knowledge, Attitude and Practice of Breast Self Examination among Female Student Nurses in our Lady of Lourdes Hospital, Ihiala, Anambra State
Aniagwu, Toyin Ibiroko G and Oguike, Ruffina 45
3. Assessment of Conceptual and Instrumental Knowledge of Injection Safety Practices among Primary Health Care Workers in Selected Facilities in Ibadan, Nigeria
Rose E. Ilesanmi and Lynda C. Ezika 55
4. Availability of Skilled Birth Attendance during Home Delivery among Postpartum Women in Ibadan, Nigeria
Akinwaare, Margaret Omowaleola 67
5. Knowledge and Perception of Female Undergraduates about Cervical Cancer Vaccine in a Tertiary Institution in Ibadan
A. Ishola, O. Aiyemowa and A. Onibokun 73

Nurses' Knowledge and Reported Practice of Palliative and End-of-Life Care Nursing at the University College Hospital, Ibadan Nigeria

Adenike Onibokun, (RN, PhD, FUICC)

Department of Nursing, University of Ibadan, Ibadan, Nigeria.

E-mail: nike1955@yahoo.com Phone: +234(0)8033234208

Abstract

Background: Palliative and End-of-Life (EoL) care nursing is the active total care of patients with advanced illness. The goal of this approach to care is the achievement of the best quality of life for patients and their families. No member of the interdisciplinary team is more central to making these discoveries possible than the nurse. Care of patients with life-limiting diseases and dealing with death and dying is an integral part of oncology nursing. In environments of best practice, nurses routinely identify and suggest patients to physicians for possible referral to palliative care and discuss potential referrals with families. Though studies from other parts of the globe had reported levels of knowledge and practice of palliative and EoL care amongst nurses, there is dearth of literature emanating from Nigeria, specifically on the knowledge and practice of palliative and EoL care nursing by professional nurses. To the best of the authors' knowledge, the few that have been published in Nigeria, focused mainly on knowledge of palliative care among healthcare workers.

Objective: The objective of this study was to explore the knowledge and reported practice of palliative and EoL care nursing by nurses working at the University College Hospital (UCH), Ibadan, Nigeria; in a bid to inform where gap in knowledge to practice may exist.

Methods: This is a descriptive study utilizing cross-sectional design, 650 nurses in various nursing cadres, who were participating in the monthly continuing education program organized by the In-Service Education (ISE) department of UCH for nurses, over a period of twelve months. With the aid of a validated semi-structured questionnaire, information was elicited from the participants on demographic variables, education and training profile, and contents of nursing education curricula, years of working experience among others. On a 5-point Likert scale, their knowledge and principles of palliative and end-of-life care nursing were assessed. Their reported practice was also assessed.

Results: The sample of 650 nurses was made up of 155(23.8%) university graduates and 495(76.2%) diploma-prepared nurses. Three hundred and sixty four (32%) of the participants had component of palliative care nursing in their curricula, while 327(50.3%) had components of palliative care nursing and pain management in their curricula. Fifty-four (4.7%) had formal palliative care training post-qualification. Majority (81.2%) of the respondents claimed they apply the knowledge and principles of palliative care in their current practice. A little above fifty-nine percent (59.2%) had good knowledge of palliative care. However, the practice of some was poor (40.0%) and many (29.2%) also had poor attitude towards provision of palliative and EoL care to patients who are approaching EoL; evidenced by their inappropriate responses to the related questions.

Conclusion: This study identified gaps in nursing knowledge and reported practice as it relates to palliative and EoL care nursing in the management of life-limiting diseases, such as cancer. It has provided the authors with baseline data that will be used to generate additional studies to further advocate for the need to integrate palliative and EoL care nursing components into nursing education curricula, both at the university and diploma levels. Our findings suggest a need for urgent review of nursing education curricula in Nigeria at both levels, and the input of all stakeholders especially the Nursing & Midwifery Council of Nigeria.

Key Words: Nursing Education, Palliative Care Nursing, Knowledge, Practice

Introduction

Palliative and End-of-Life (EoL) care is the active total care of patients with advanced illness. The goal of this approach to care is the achievement of the best quality of life for

patients and their families¹. At this stage, the focus of care has shifted from curative treatment, to the quality of the remaining life and integrating the physical, psychological, spiritual, and social aspects of care². This

concept stems from the recognition of the potential at the end of life, for discovering and for giving, a recognition that an important dimension of being human is the lasting dignity and growth that can continue through weakness and loss. No member of the interdisciplinary team is more central to making these discoveries possible than the nurse³.

Care of patients with life-limiting diseases, such as cancer, and dealing with death and dying is an integral part of oncology nursing. In environments of best practice, nurses routinely identify and suggest patients to physicians for possible referral to palliative care and discuss potential referrals with families. In spite of the fact that nurses are key to providing palliative and EoL care, they cannot do so if they do not have the relevant education⁴.

Some factors that may hinder the provision of palliative care are: social; policy; patient; and provider⁵. Many studies have noted that lack of provider education is a barrier to palliative care⁶. Institute of Medicine reports have identified gaps in health care professionals' knowledge of palliative and end-of-life care. The identified knowledge gaps among the various disciplines of health care professionals who provide palliative and EoL care⁷. Though studies from other parts of the globe had reported levels of knowledge and practice of palliative and EoL care amongst nurses^{8,9,10}. The few that have been published in Nigeria, focused mainly on knowledge of palliative care among healthcare workers¹¹. There is dearth of literature emanating from Nigeria, specifically on the knowledge and practice of palliative and EoL care nursing by professional nurses. Information specific to the nursing profession may not only interest selected audience but will as well provide data that could inform educational policy and intervention.

The objective of the present study therefore, was to evaluate the knowledge and reported practice of palliative and EoL care among nurses working at the University college hospital Ibadan, Nigeria.

Materials and Methods

The study was conducted at the In-service Education (I.S.E) department in UCH Ibadan. A cross-sectional research design was employed for data collection. Six hundred and eighty participants in various nursing cadres who attended the In-service Education programs organized by UCH for nursing staff, over a period of twelve months, were the studied population. The study's ethical approval was obtained from the institutional ethics committee. All the nurses who attended the monthly continuous education program, were approached and duly informed about the purpose of the study. Their participation was on voluntary bases. The activity spanned over twelve months. Each of the participants signed a written consent form prior to their participation. Consented participants were thereafter given the survey questionnaires. The tool utilized in the study comprised of self-report, open-ended and structured questionnaires. The tool has 4 sub-sections made up of: section A with 16 questions on demographic variables, years of working experience and the setting of current practice; section B with 7 questions eliciting their educational preparation (nursing education profile and contents of the curricula); section C questions were elicited the palliative care quiz for nursing (PCQN), PCQN is a 20-item quiz to assess knowledge and the responses are 'true', 'false', and 'I do not know'. PCQN is valid, easy to use, and can assess the educational needs of nurses across a variety of programs and settings¹². Section D with 10 questions assessed their application of the knowledge and principles of palliative and EoL nursing care in their practice. All the 680 received questionnaires were screened for their suitability of responses to get the final number of included participants' questionnaires. At every session, the questionnaires were handed out to the study participants and retrieved before the lecture on palliative and end-of-life care nursing was given. Data analysis was performed with Statistical Package for the Social Sciences (SPSS version 21) at 5% level of

significance.. Descriptive statistics were used for the participants' demographic data and knowledge and attitude scores. Pearson's Chi-square test was used to test associations between categorical variables and differences in proportions.

Results

Out of the total number of 680 questionnaires distributed and collected, 650 valid questionnaires were included for analysis, with a response rate of 95.6%. The demographic data of the study participants are provided in table 1. The sample size of 650 nurses was made up of 155(23.8%) university graduates and 491(75.5) diploma-prepared nurses. Majority (97.2%) work in various units of clinical settings, only 2.8% are nurse educators cum clinical instructors. 78.1% had working experience between 5 and 10 years, and 119(18.3 %) of the respondents had worked for 21 years and above.

The sample size of 650 nurses was made up of 155(23.8%) university graduates and 491(75.5) diploma-prepared nurses. Majority (97.2%) work in various units of clinical settings, only 2.8% are nurse educators cum clinical instructors. 78.1% had working experience between 5 and 10 years, and 119(18.3 %) of the respondents had worked for 21 years and above (table 2).

Table 1: Demographic variables

Variable	Number	Percentage
Age group (years)		
<30	49	7.5
30-39	270	41.5
40-49	219	33.7
50+	76	11.7
Non responder	36	5.5
Ethnicity		
Igbo	85	13.1
Hausa	2	0.3
Yoruba	465	71.5
Ijaw	59	9.1
Edo/Delta	21	3.2
Other	18	2.8

Table 2: Workplace Characteristics of Nurses

Variable	Frequency	Percentage
Specialty		
Surgery	73	11.2
Medicine	72	11.0
Obstetrics and Gynecology	117	18
Pediatrics	61	9.4
Accident and Emergency	43	6.6
Psychiatry	15	2.3
Oncology	6	0.9
*Others	154	23.7
Years of working experience		
Less than 1 year	14	2.2
Between 1-5 years	101	15.5
Between 6-10 years	169	26
Between 11-15 years	163	25.1
Between 16-20 years	75	11.5
21 Years and above	119	18.3
Non responder	9	1.4

While in school, 364(32%) had component of palliative care nursing in their curricula, 84.4% had courses on pain management while 327(50.3%) had components of both pain management and palliative care nursing in their curricula. 54(4.7%) had formal palliative care training post-qualification.

Table 3: Nursing Education and Practice Profile

Variable	Frequency	Percentage
*Nursing Education		
Diploma only	478	73.5
University only	40	6.2
Both	109	16.8
Non responder	23	3.5
Content of Pain management in Nursing curriculum		
Yes	551	84.8
No	90	13.8
Non responder	9	1.4
Presence of Palliative Care in Nursing Curriculum		
Yes	324	49.8
No	306	47.1
Non responder	20	3.1
Application of Knowledge/Principle of Palliative Care in Current Practice		
Yes	528	81.2
No	97	14.9
Non responder	25	3.8

However, 528(81.2%) claimed they apply the knowledge and principles of palliative care in their current practice. Reasons given by 97(14.9%) for non-application of the principles include: "Am not interested", "No knowledge about palliative care nursing", "Emotional, can't

stand patient dying.”, “No hospital policy on palliative care”, “Nurses don't admit or refer patients”. Majority of the respondents (59.2%) had good knowledge of palliative

care. However, the reported practice of many was poor (40.0%) and many of them (29.2%) had poor attitude, based on their responses.

Table 4: KAP of Palliative Care Nursing by Nigerian Nurses

Variable	Mean score \pm SD	Median	Minimum	Maximum
Knowledge	43.9 \pm 6.4	44.0	6	57
Practice	35.3 \pm 4.3	35.0	9	50
Attitude	10.2 \pm 2.1	10.0	1	15

Variable	Knowledge		Total	χ^2 -value, P-value
Age group (Years)				
<30	22(44.9)	27(55.1)	49	4.00, 0.261
30-39	110(40.7)	160(59.3)	270	
40-49	82(37.4)	137(62.6)	219	
50+	38(50.0)	38(50.0)	76	
Education				
University education	63(40.6)	92(59.4)	155	0.001, 0.971
Diploma	202(40.8)	293(59.2)	495	
Years of working experience				
<1 year	5(37.5)	9(64.3)	14	2.741, 0.740
1-5 years	45(44.6)	56(55.4)	101	
6-10 years	71(42.0)	98(58.0)	169	
11-15 years	61(37.4)	102(62.6)	163	
16-20 years	27(36.0)	48(64.0)	75	
21 years & above	52(43.7)	67(56.3)	119	

Variable	Reported Practice		Total	χ^2 -value, P-value
	Poor practice	Good practice		
Age group				
<30	19(38.8)	30(61.2)	49	2.026, 0.568
30-39	99(36.7)	171(63.3)	270	
40-49	90(41.1)	129(58.9)	219	
50+	34(44.7)	42(55.3)	76	
Education				
University education	59(38.1)	96(61.9)	155	0.617, 0.432
Diploma	206(41.6)	289(58.4)	495	
Years of working experience				
<1 year	6(42.9)	8(57.1)	14	3.607, 0.607
1-5 years	46(45.5)	55(54.5)	101	
6-10 years	72(42.6)	97(57.4)	169	
11-15 years	57(35.0)	106(65.0)	163	
16-20 years	32(42.7)	43(57.3)	75	
21 years & above	48(40.3)	71(59.7)	119	

Variable	Reported Attitude		Total	χ^2 -value, P-value
	Negative attitude	Positive attitude		
Age group				
<30	16(32.7)	33(67.3)	49	1.521, 0.677
30-39	74(27.4)	196(72.6)	270	
40-49	70(32.0)	149(68.0)	219	
50+	24(31.6)	52(68.4)	76	
Education				
University education	31(20.0)	124(80.0)	155	8.384, 0.004*
Diploma	159(32.1)	336(67.9)	495	
Years of working experience				
<1 year	3(21.4)	11(78.6)	14	2.948, 0.708
1-5 years	27(26.7)	74(73.3)	101	
6-10 years	47(27.8)	122(72.2)	169	
11-15 years	45(27.6)	118(72.4)	163	
16-20 years	27(36.0)	48(64.0)	75	
21 years & above	37(31.1)	82(68.9)	119	

Discussion

Only a few of the respondents had attended formal palliative care training, upon graduation from nursing schools. This finding is in line with different studies that documented that nurses and other health care professionals are inadequately prepared to care for patients in palliative care. Several reasons have been identified including inadequacies in nursing education, absence of curriculum content related to pain management, and knowledge related to pain and palliative care¹³. Also, Abu Saad Huijer and Dimassi¹⁴ reported that in Lebanon, only few of nurses received palliative care education while in school. Khader, Jarrah and Alasad¹⁵ found a significant effect of palliative care experience and education (which would be expected to result in higher knowledge) on attitudes towards palliative care.

From findings of this study, few of the respondents had component of palliative care nursing in their nursing education curricula while in school, but majority had courses on pain management in their curricula during school, this can be an explanation for the level of good knowledge of palliative care. According to Iranmanesh, Dargahi and Abbaszadeh¹⁶ in Iran, palliative care education is neither included as specific clinical education nor as a specific academic course in the nursing educational curriculum. A large number of study participants had

never received any formal education on palliative care¹⁷. Our findings is consistent with earlier studies that evaluated nurses' knowledge in different countries and concluded that majority of nurses have good knowledge of palliative care especially the pain management component^{9,12,18,19,20,21,22}.

Majority claimed they apply the knowledge and principles of palliative care in their current practice. However, the reported practice of some was poor and many also had poor attitude. This is consistent with the conclusions by Raudonis, Kyba and Kinsey¹⁸ and Whittaker, Kernohan, Hasson, Howard and McLaughlin²³ in their studies. Nurses who have a low level of knowledge about palliative care are likely to be able to skillfully assess patient's palliative needs; consequently are not also to competent to develop an effective relationship with patients in need of palliative care. Skar²⁴ also collaborated this discourse by documenting that professionals' practice are not determined only by the knowledge of the procedure but rather factors influencing a successful health behavior practice during evaluation and treatment delivery of palliative healthcare is the health care of patients.

Study Implications

Since nurses are the backbone of palliative and end-of-life nursing care in developed

parts of the world because of their close proximity with patients, there is need for every professional nurse in Nigeria to have current and correct information and knowledge about palliative and EoL nursing care issues in order to promote the quality of life and death of their clients, through quality and uncompromised care received at the end of their life.

Conclusion

This study has identified gaps in nursing knowledge as it relates to palliative care in the management of life-limiting diseases and its associated symptoms. It has also provided the authors with baseline data that will be used to generate additional studies to further advocate for the need to integrate comprehensive pain management, palliative and end-of-life care nursing components into nursing education curricula, both at the university and diploma levels. Based on our findings from this study, there is an urgent need to review the curricula of nursing programs in all undergraduate and diploma schools of Nursing in Nigeria, to include palliative and end-of-life nursing care issues. However, this needs the commitment of all stakeholders in the healthcare professions.

References

1. Ferrel, B.R. and Coyle, N. 2010. Oxford textbook of palliative nursing. Ed. 3rd Edition. Oxford University Press Inc. New York.
2. Brody, J. 2011. Keep your voice even to the end of life. *The New York Times*.
3. National Hospice and Palliative Care Organization 2011a. Definition of hospice. Retrieved from: <https://www.nhpco.org/nhpco-0>
4. Berrang, T. and Samant, R. 2008. Palliative radiotherapy knowledge among community family physicians and nurses. *J Cancer Educ.* 23:156–60.
5. Bruea, E., De Lima, L., Wenk, R., Farr, R., eds 2004. Palliative care in the developing world, principles and practice. International Association for Hospice Press, Texas
6. Ford, D., Nietert, P., Zapka, J., Zoller, J. and Silvestri, G. 2008. Barriers to hospice enrollment among lung cancer patients: A survey of family members and physicians. *Palliat Support Care* 6(4): 357–62
7. Foley, K.M., Gelband, H., eds. 2001. Improving palliative care for cancer. Institute of Medicine and National Research Council. Washington, DC: National Academy Press.
8. Proctor, M., Grealish, L., Coates, M. and Sears, P. 2000. Nurses' knowledge of palliative care in the Australian Capital Territory. *Int J PalliatNurs.* 6:421–8.
9. Ronaldson, S., Hayes, L., Carey, M. and Aggar, C. 2008. A study of nurses' knowledge of a palliative approach in residential aged care facilities. *Int J Older People Nurs.* 3:258–67.
10. Abu-SaadHuijjer, H., Abboud, S. and Dimassi, H. 2009. Palliative care in Lebanon: knowledge, attitudes and practices. *Int J PalliatNurs.* 15:346–53.
11. Soyannwo, O. 2009. Palliative care and nursing. *African Journal of Medicine and Medical Science.* Vol.38 Suppl 2. 67-70.
12. Ross, M.M., McDonald, B. and McGuiness, J. 1996. The palliative care quiz for nursing (PCQN): The development of an instrument to measure nurses' knowledge of palliative care. *J Adv Nurs* 23(1): 126–37
13. Prem, V., Karvannan, H., Kumar, S., Karthikbabu, S., Syed, N., Sisodia, V. and Jayku, S. 2012. Study of nurses' knowledge about palliative care: A quantitative cross-sectional survey. *Indian Journal of Palliative Care* Vol-18 Issue-2
14. Abu-SaadHuijjer, H. and Dimassi, H. 2007. Palliative care in Lebanon: knowledge, attitudes and practices of physicians and nurses. *J Med Liban.* 55:121–8.
15. Khader, K.A., Jarrah, S.S. and Alasad, J. 2010. Influence of nurses' characteristics and education on their attitudes towards death and dying: A review of literature. *Int J Nurs Midwifery* 2: 1-9
16. Iranmanesh, S., Razban, F., Tirgari, B. and Zahra, G. 2013. Nurses' knowledge about palliative care in Southeast Iran. *Palliative and Supportive Care*, 12(3), 203-210. doi:10.1017/S1478951512001058.
17. Iranmanesh, S., Savenstedt, S. and Abbaszadeh, A. 2008. Student nurses' attitudes towards death and dying in south-east Iran. *International Journal of Palliative Nursing*, 14, 214–219.
18. Raudonis, B.M., Kyba, F.C.N. and Kinsey, T.A. 2002. Long term care nurses' knowledge of end-of-life care. *Geriatric Nursing*, 23, 296–301.
19. Morita, T., Fujimoto, K., Imura, C., Nanba, M., Fukumoto, N. and Itoh, T. 2006. Self-reported practice, confidence, and knowledge about palliative care of nurses in a Japanese regional cancer center: Longitudinal study after 1-year activity of palliative care team. *Am J Hosp Palliat Care* 23(5): 385–91
20. Knapp, C.A., Madden, V., Wang, H., Kassing, K., Curtis, C., Sloyer, P. and Shenkman, E. A. 2009. Paediatric nurses' knowledge of palliative care in Florida: A quantitative study. *Int J Palliat Nurs.* 15:432–9. [PubMed: 19957453]

21. Nakazawa, Y., Miyashita, M., Morita, T., et al. 2009. The palliative care knowledge test: Reliability and validity of an instrument to measure palliative care knowledge among health professionals. *Palliative Medicine*, 23, 754–766.
22. Brazil, K., Brink, P., Kaasalainen, S., et al. 2012. Knowledge and perceived competence among nurses caring for the dying in long-term care homes. *International Journal of Palliative Nursing*, 18, 77.
23. Whittaker, E., Kernohan, G., Hasson, F., Howard, V. and McLaughlin, D. 2006. The palliative care education needs of nursing home staff. *Nurse Educ Today* 26(6): 501–10
24. Skår, R. 2010. Knowledge use in nursing practice: The importance of practical understanding and personal involvement. *Nurse Educ Today*; 30:132-6.

UNIVERSITY OF IBADAN LIBRARY